

7002 0860 0006 5229 7279		U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only: No Insurance Coverage Provided)	
		<b>OFFICIAL USE</b>	
Postage	\$	Postmark Here 1:01-CU-463 Doc. 21 10/4/06	
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		
Sent To		RICHARD BOHANNON 374-617	
Street, Apt. No., or PO Box No.		CCF, P.O. BOX 5500	
City, State, ZIP+4		CHILLICOTHE, OH 45601	
PS Form 3800, April 2002		See Reverse for Instructions	